



**COLORADO**

Department of Health Care  
Policy & Financing

## OPERATIONAL MEMO

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| <b>TITLE:</b>                                  | <b>TARGETED CASE MANAGEMENT-TRANSITION COORDINATION (TCM-TC) GUIDANCE FOR TRANSITION COORDINATION ACTIVITIES DURING COVID-19 PANDEMIC; IN-PERSON MEETINGS</b> |
| <b>SUPERSEDES NUMBER:</b>                      | <b>HCPF OM 20-056</b>   |
| <b>EFFECTIVE DATE:</b>                         | <b>NOVEMBER 9, 2021</b>   |
| <b>DIVISION AND OFFICE:</b>                    | <b>CASE MANAGEMENT AND QUALITY PERFORMANCE DIVISION; OFFICE OF COMMUNITY LIVING</b>   |
| <b>PROGRAM AREA:</b>                           | <b>TRANSITION COORDINATION SERVICES</b>   |
| <b>KEY WORDS:</b>                              | <b>TRANSITION COORDINATION SERVICES, TCM-TC, TRANSITION COORDINATION AGENCIES, TRANSITION COORDINATORS, TRANSITION COORDINATION ACTIVITIES</b>                |
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| <b>APPROVED BY: AMANDA LOFGREN</b>             |   |

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*HCPF Memo Series can be accessed online: <https://www.colorado.gov/hcpf/memo-series>*

### **Purpose and Audience:**

The purpose of this Operational Memo is to inform Transition Coordination Agencies (TCA) of modifications to the temporary changes to transition coordination activities for in-person member contacts. These changes are specific to Targeted Case Management – Transition Coordination (TCM-TC).

### **Information:**

Effective March 18, 2020, Transition Coordinators were instructed to perform community needs and risk mitigation assessments, housing voucher applications transition coordination activities, and monitoring contacts by telephone or another electronic modality. Transition Coordinators were also instructed to utilize video calls or conferencing to complete assessments, applications, transition coordination activities, and monitoring activities unless the member only had the option to use a telephone.



## **Updated Guidance Effective November 3, 2021**

TCAs will have the option to offer in-person contact to all members including members who reside in a facility setting.

The TCA must have an internal policy for implementation of in-person visits prior to their commencement. The policy must follow [Public Health](#) Executive Orders and Local Public Health Orders. The policy must include the following:

1. To protect the health and safety of our members, the Transition Coordinator must be fully vaccinated to complete in-person member contact.
  - a. A person is considered [fully vaccinated](#) for COVID-19 if more than 2 weeks have passed since the person received the second dose in a 2-dose series or if more than 2 weeks have passed since the person received a single-dose vaccine.
2. COVID-19 precautions are in place and being followed, as outlined by the [Colorado Department of Public Health and Environment](#) at the time of the visit and the Local Public Health Agency.
3. The TCA must provide Personal Protective Equipment to the Transition Coordinator and maintain a symptom attestation log for Transition Coordinators to complete prior to in-person member contact.
4. The Transition Coordinator must be fever-free, symptom-free, and have no known exposure to COVID-19 prior to having any in-person contact with members.
5. The TCA must maintain a log of all in-person transition case management and member interaction to allow for contact tracing.
6. Transition Coordinators are to limit their in-person contact to no more than three members per day.
7. The Transition Coordinator should consider community spread when conducting visits. Using the CDPHE one-week average positivity rate, Transition Coordinators should not travel across counties or areas that have high community spread.
8. In-person contact must be at the request of the member or the nursing facility.
  - The member must be provided information about the risks of in-person contact by the Transition Coordinator or the facility staff and, when applicable, the member's guardian and document the member or the facility's choice of contact modality.
    - Risks of in-person contact include potential exposure and/or risk of contracting of COVID-19.
    - Resources for Transition Coordinators when discussing potential risks related to COVID-19:
      - <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/older-adults.html>
      - [https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html?CDC\\_AA\\_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fneed-extra-precautions%2Fgroups-at-higher-risk.html](https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fneed-extra-precautions%2Fgroups-at-higher-risk.html)



- The Transition Coordinator must discuss with the member where the in-person visit will take place, who will be present and the precaution activities that are to be agreed upon.
  - When possible, meet in an outdoor setting,
  - Follow all State and Local requirements, and/or requests to wear a surgical mask covering the nose and mouth,
  - Allow for six feet of social distancing space,
  - When indoors, interaction should be performed in a well-ventilated area,
  - Limit duration of contact to minimum amount of time needed,
  - Transition Coordinators are to wash or sanitize their hands before and after in-person contact, and
  - For members who reside in a shared residential or a facility setting, the in-person contact must follow all Public Health Executive Orders, Local Public Health Orders and business requirements.
- Transition Coordinators are to track their temperatures prior to in-person contact and report any COVID related symptoms or concerns to their supervisor.
  - If a Transition Coordinator or a person residing in their home tests positive for COVID-19, the member should be notified and the Transition Coordinator shall not perform in-person visits until they have completed isolation for 10 days, with at least the last three (3) days without symptoms.
    - The Transition Coordinator will document how the visit was completed in the Benefits Utilization System (BUS) system.

**In-person transition coordination functions may only be performed when the conditions outlined above have been fully met.**

Additional resources regarding precautions are available through the Centers for Disease Control and Prevention: <https://www.cdc.gov/coronavirus/2019-ncov/index.html>

**Transition Coordination completed by telephone or another electronic modality will continue to follow the process identified below:**

Transition Activities Related to Completion of the Community Needs Assessment and Risk Mitigation Plan

- Information necessary to complete the Community Needs Assessment and Risk Mitigation Plan, housing documents and any updates related to the transitions process can be obtained telephonically or through another electronic modality.
- Communication related to transition recommendation can be made telephonically or other electronic modalities.



- Signatures required on the Transition Coordination Transition Options Form can be obtained by electronic modality

### **Housing Voucher Process and Housing Navigation Collaborative Activities**

- Transition coordinators may sign housing voucher applications for the member with verbal consent. *Restricted visitation compliance* due to COVID- 19 should be noted as the reason for members not signing the application.
- Virtual tours of potential apartments can be provided to the member upon request.
- Lease will be sent directly to the member or to the facility social worker by email. The Transition Coordinator will collaborate with the social worker to ensure the lease is signed by the member and returned to the coordinator.

### **Facility Discharge Collaborative Activities**

- The following criteria should be considered when determining if a discharge can occur. Additionally, CDPHE and CDC guidance regarding COVID-19 must be followed.
  - Members informed choice regarding transition
  - Facility physician approves the discharge
  - Member has no symptoms of the flu or COVID-19
  - If member is returning to a family home no family members have symptoms of the flu or COVID-19
  - Need for critical services (Long Term Home Health (LTHH) or Durable Medical Equipment (DME))
  - Medication delivery to member's home is established
  - Member's household is set-up
  - One month's supply of food, personal hygiene and home maintenance supplies are at the apartment.
- Risk Mitigation Planning
  - The member's Risk Mitigation Plan must be revised prior to discharge to include prevention strategies for any COVID-19 related risk factors.
- Transition Coordinators and facility social workers will coordinate discharge activities.
- Transition Coordinators will meet with the member at their home the day of discharge.
- The Transition Coordinator must follow COVID-19 precautions.
  - Pay attention for potential COVID-19 symptoms including fever, cough, shortness of breath, muscle aches and chills.
  - Transition Coordinators exhibiting symptoms should not be performing in person member contact.
  - Transition Coordinators who have traveled outside of the United States may not have in-person contact with members for a period of 14 days following return from travel.
  - Additional resources regarding precautions are available through the



Centers for Disease Control and Prevention:

<https://www.cdc.gov/coronavirus/2019-ncov/index.html>.

- To ensure the health and safety for both the member and Transition
- Coordinator all COVID-19 guidance issued by CDPHE and CDC must be strictly adhered to.

### **Post-Discharge Monitoring**

- Weekly telephonic or other electronic contact modalities will occur to monitor member's food supply, medications and service delivery.
- Transition Coordinators will notify the Department of any member who is considered at risk for returning to institutional care due to lack of services or worsening of a medical condition.
- Transition Coordinators must inform HCBS case managers if a member has tested positive for COVID-19.

### **Attachment(s):**

None

### **Department Contact:**

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For specific information, please call the CDPHE Call Center at 303-692-2700.

For general questions about COVID-19: Call CO-Help at 303-389-1687 or 1-877-462-2911 or email [COHELP@RMPDC.org](mailto:COHELP@RMPDC.org), for answers in English and Spanish (Español), Mandarin (普通话), and more.